CHAITANYA BHARATHI INSTITUTE OF TECHNOLOGY (A)

Chaitanya Bharathi P.O., Kokapet (V), Gandipet (M), Hyderabad - 500 075, Telangana State
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ACADEMIC & EXAMINATION CELL

REGISTRATION FORM

Date: _____

1. **Name of the Student** : _____

2. **Roll No.** : _____

3. **Name of the Programme** : B.E. / B.Tech. (_____)

4. **Semester: III**   5. **Mobile No.:** _____   6. **Email ID:** _____

7. **Details of Annual Tuition Fee: (Attach Proofs for Payment)**

    a) Status of Tuition Fee Payment : _____

    b) Date of Fee Payment for the A.Y. 2024-25 : _____

    c) Mode of Payment : _____

    d) Receipt No. with date : _____

8. **Details of Subjects registering for III – Semester:**

S. No.	Course Code	Name of the Course	Core / Programme Elective / Internship	Pursuing through Institute / NPTEL / MOOCs	Remarks

Note: *Registration is not permitted with any fee due.*   **Signature of the Student**

Remarks of Head of the Department:

Fee Due, if any: _____

Signature of the HOD

DIRECTOR – AEC & COE   **PRINCIPAL**